

En 10-8-01

IHW 65039 CO

321153

Registration, Review, & Reporting Division/ Solid Waste Registration #: 65039
Registration & Reporting Section

MEMO TO FILE
RE: UNDELIVERABLE MAIL

EPA ID#: TXD 000 633438

Company Name:

Texas Air National Guard

Site Location: 924 S 10th St. Garland TX

We have attempted to contact the generator through the following sources (check all that apply):

☒ TRACS ☒ Directory Assistance ☐ RCRIS
☐ Internet ☐ Post Office Markings
☐ Receiver's Copy of the Manifest
☐ Other Information From the Receiver

We talked with:

(See back of form for additional contact info.)

Name: Charles Andile of _____

Date: 10-8-01

Notes: 214-263-8805 DA 912-494-7200

☐ We have found the information needed, as listed below:

1-14-02

New Mailing Address:

Glen
901 S. ~~6th~~ 6th St
Garland TX 75040

New Contact Person:

New Phone Number:

And have noted that:

☐ The company is out of business and no longer generating hazardous waste.
☐ The company is a non-industrial CESQG and does not need to be registered.
☐ The company is an industrial CESQG which generates less than 220 pounds Class
1 waste per month and does not need to be registered.
☐ The company has moved and is no longer at this address:

They ☐ do/ ☐ do not need to be registered.

Their new numbers are: State _____

EPA _____

This address is occupied by: _____

DATA ENTRY Form

E.P.A. IDENTIFICATION

TXD000633438

PREPARER

JBP

DATE

2-24-87

PRINT PLEASE PRINT PLEASE PRINT PLEASE

COMPANY NAME

N522487

MAILING ADDRESS

CITY

STATE ZIP CODE

COMPANY CONTACT PERSON

TELEPHONE NUMBER

LOCATION ADDRESS

CITY

STATE ZIP CODE

OWNERS NAME

OWNERSHIP CODE

FACILITY STATUS

GEN TRN TSD UIC

B7D 300

OTH OTHER CODE-

303 =

ADD WASTE CODES

DELETE WASTE CODES

ADD PROCESS CODES

DELETE PROCESS CODES

OTHER CODING

ENTERED BY

DATE

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

GENERATOR'S NAME:

TXD000633438
TEXAS AIR NATIONAL GUARD
ANDRLE CHARLES FACILITY M
BOX 401635
GARLAND TX 75040

XVI. WASTE MINIMIZATION (narrative description)

Per telecon between Capt Marc W. Barber and Mr Thomas D. Clark on 7 Aug 1986, the following information is furnished:

This installation produces or stores no toxic or hazardous waste.

Tear out here



DEPARTMENT OF THE AIR FORCE
HQ 136TH TACTICAL AIRLIFT WING (MAC) (TEXANG)
HENSLEY FIELD, DALLAS, TEXAS 75211

REPLY TO
ATTN OF: 136 CEF/DE

19 November 1980

SUBJECT: Resource Conservation Recovery Act (RCRA) EPA Permit

TO: EPA Regional Office

1. Initial investigations using the latest available guidelines indicate that a permit for treatment, storage, and disposal is not required for:

a. Texas Air National Guard, Hensley Field, Dallas, Texas (a tenant of Dallas Naval Air Station) 75211.

b. Texas Air National Guard, Garland ANG Station, Garland, TX 75040

2. Further identification and closer studies of the storage of hazardous waste are being conducted. We presently do not have treatment or disposal facilities nor have need for them. Presently known quantities of hazardous wastes are small and within guidelines for not requiring a permit. Our wastes will be processed through the Defense Property Disposal Office (DPDO) for disposal. Our interim report forms (8700-12) were completed utilizing limited information and may be revised after complete studies are compiled.

3. In the event our situation changes and one of the locations described above in paragraph 1a or 1b falls within permit requirements, your office will be notified and a permit application forwarded.

4. State of Texas reporting procedures are currently in progress.

C.E. ANDRLE, CMS, TXANG
Facility Manager

Cy to: AGTEX/ARM
ANGSC/DEV
Navy Public Works Officer

Atch: EPA Form 8700-12 (Hensley)
EPA Form 8700-12 (Garland)

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

TXD000633438

T/A C

1

I. NAME OF INSTALLATION

TEXAS AIR NATIONAL GUARD

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P O BOX 401635

CITY OR TOWN

ST.

ZIP CODE

4 GARLAND TEXAS

75040

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 924 SOUTH TENTH ST

CITY OR TOWN

ST.

ZIP CODE

6 GARLAND TEXAS

75040

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 ANDRLE CHARLES FACILITY MANAGE

214 263 8805

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 CITY OF GARLAND

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY															
5															
W															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

[Signature]

NAME & OFFICIAL TITLE (type or print)

C.E. ANDRLE, CMS, TXANG
Facility Manager

DATE SIGNED

14 August 1980

5	W	1	X	P	0	0	0	6	3	3	4	3	8	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

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1 F 0 0 1 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

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13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

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37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

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49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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DATE RECEIVED
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000067

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CITY OR TOWN

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TX 75040

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ANDRILE CHARLES FACILITY MANAGE

214-263-8805

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